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| Case Number: | CM14-0076643 | | |
| Date Assigned: | 07/18/2014 | Date of Injury: | 02/17/2011 |
| Decision Date: | 08/29/2014 | UR Denial Date: | 05/01/2014 |
| Priority: | Standard | Application Received: | 05/27/2014 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 45-year-old male with a 2/17/11 date of injury and status post left knee arthroplasty 7/29/13. At the time (3/21/14) of request for authorization for one (1) pain management consultation, there is documentation of subjective (bilateral knee pain and minimal paresthesias in the hands) and objective (positive carpal compression test of the bilateral hands/wrists; left knee decreased range of motion with minimal swelling over the posterior aspect, and decreased strength of the left quadriceps; right knee decreased range of motion with painful patellofemoral crepitus on motion, and decreased strength of the right quadriceps) findings, current diagnoses (right knee degenerative joint disease, status post total left knee arthroplasty, and bilateral mild carpal tunnel syndrome), and treatment to date (medications (Norco with decreased pain levels), knee surgery, injections, physical therapy, and chiropractic care). There is no documentation that consultation is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

One (1) pain management consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Disorder Medical Treatment Guidelines, State of Colorado Department of Labor and Employment, 4/27/2007, pg. 56.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Independent Medical Examinations and consultations, page 127.

Decision rationale: MTUS reference to ACOEM guidelines identifies that consultation is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work, as criteria necessary to support the medical necessity of consultation. Within the medical information available for review, there is documentation of diagnoses of right knee degenerative joint disease, status post total left knee arthroplasty, and bilateral mild carpal tunnel syndrome. However, given no documentation of a rationale for the requested pain management consultation, there is no documentation that consultation is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. Therefore, based on guidelines and a review of the evidence, the request for one (1) pain management consultation is not medically necessary.